August 11, 2008 discussion
Some key factors to open the discussion:

1. Distribution of costs and services indicate that 25% of kids getting majority of services. What questions does this fact lead us to ask? Does changing this fact lead to quality improvement?

2. Are quality of care activities (QA) effectively evaluating the effectiveness of services provided to vulnerable children?

3. Are utilization management (UM) strategies recovery and strength based?

4. Are UR and QA results communicated to decision makers on a regular basis? What evidence exists in the system regarding these processes? What appropriate standards and best practices are being used in these processes?

5. Is care coordination effectively increasing the effectiveness of services?

6. Is assessment linked to treatment planning and subsequent interventions address assessed needs?

7. Can the use of unplanned services (crisis, urgent, emergency care) be reduced?

8. Is there a relationship between the length of time children are served with identifiable improvement?

9. Are outcomes of services being measured within time frame that ensure services the scope, duration and intensity of services are appropriate?

10. What particular sub-groups of children/youth within the EPSDT population may merit particular attention (foster care, out of county placement, TBS, crisis intervention plus intensive services, etc…)?

11. Is service capacity and availability influencing service authorization patterns?